

**CALIFORNIA DEPARTMENT OF TRANSPORTATION
INDEPENDENT ASSURANCE SAMPLING AND TESTING**

MR-0102

Date _____ File: Category 39, Independent Assurance Tests

District _____ County _____ Route _____ P.M. _____

Contract No. _____ Federal No. _____

To: RESIDENT ENGINEER

This is to inform you that your contract requires INDEPENDENT ASSURANCE SAMPLING AND TESTING. The primary Independent Assurance Tester assigned to your project is _____ however, other materials personnel may be utilized.

We will sample, test and/or witness material being incorporated into this project as per the *Local Assistance Procedures Manual, Chapter 16, Construction Administration*, for Federal-aid Projects administered by local public agencies.

Personnel performing individual acceptance tests must be certified (Form MR-0111). Upon your request, we will provide certification for those persons.

The following bid items on your contract will require Independent Assurance Sampling and Testing:

We would appreciate your cooperation in contacting the District Materials Laboratory at phone _____, FAX # _____, at least _____ hours prior to any contractor operations requiring Independent Assurance Sampling and Testing.

Signed: _____
District Materials Engineer

Form MR -0102

Distribution: NHS Projects: Prepared by District Materials Engineer and sent to DLAE to forward to local agency Resident Engineer
Non NHS Projects: (Similar form) Prepared by local agency IAST and sent to local agency Resident Engineer

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